

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	691007	6/5/00
O.I.P.E. CLASSIFIER		10	7-22-00
FORMALITY REVIEW	W.L.W.L.	71624	8-4-00
RESPONSE FORMALITY REVIEW	W.L.W.L.	71624	8-30-00

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	2/12/94	3-1-94	Date
1	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	
4	✓	✓	✓	✓	
5	✓	✓	✓	✓	
6	✓	✓	✓	✓	
7	✓	✓	✓	✓	
8	✓	✓	✓	✓	
10	✓	✓	✓	✓	
12	✓	✓	✓	✓	
14	✓	✓	✓	✓	
15	✓	✓	✓	✓	
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If more than 150 claims or 10 actions  
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